

REVENUE REFUND INPUT FORM

Department/Organization Name



The Commonwealth of Massachusetts
Office of the Comptroller

Revised 1/20/94

Document ID							
Trans RF	Dept	R/Org	Number	RF Date	Acct Prd	Bud FY	Action: Entry (E) Modify (M)
Vend/Cust Flag	Vendor/Cust Code		Cust Loc	Cust Type	Dept Cust Code		Scheduled Pay Date

Vendor or Customer Name		
Address		
City	State	Zip Code

Document Total
Comments

Reference Receivable Number											
LN	Dept	Org #	Number	LN	Fund	Dept	Appropriation	Sub	Org Code	Sub/Org	Rev Srce
S/Rev	Prog	Type	PRJ/CL/GRC	Rept Catg	Description				Amount		I/D

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Prepared By: _____ Title: _____ Date: _____
 Approved By: _____ Title: _____ Date: _____ Phone #: _____
 Entered By: _____ Title: _____ Date: _____